

**INDEPENDENT ADOPTION QUESTIONNAIRE**

STATE CASE NUMBER

INFORMATION REQUIRED IN THE MATTER OF  
THE ADOPTION OF:

CHILD'S BIRTH NAME

CHILD'S ADOPTED NAME

Dear Adoptive Petitioners:

Complete this INDEPENDENT ADOPTION QUESTIONNAIRE and ADOPTION QUESTIONNAIRE I (to be filled out individually) and **return them within one week.**

Thank You  
STATE DEPARTMENT OF SOCIAL SERVICES

(PLEASE FILL OUT AS COMPLETELY AS POSSIBLE, WRITING 'NA', 'NONE' OR 'UNKNOWN' WHERE APPROPRIATE)

**I. CONCERNING PETITIONER(S)**

MAN'S LAST NAME	FIRST NAME	MIDDLE NAME
WOMAN'S LAST NAME	FIRST NAME	MIDDLE NAME
WOMAN'S MAIDEN NAME	HOME PHONE	WORK PHONE(s)
ADDRESS	CITY & STATE	ZIP CODE
HOW LONG AT PRESENT ADDRESS?	LAST PREVIOUS ADDRESS	

PLACE OF MARRIAGE: DATE

	FORMER MARRIAGES NAME OF FORMER SPOUSE (Give Maiden Name of Wife and current address)	WHERE MARRIAGE LICENSE SECURED	MARRIAGE Date & Place	DIVORCE Date & Place	DEATH Date & Place
MAN					
WOMAN					

ARE THERE CHILDREN BORN PRIOR TO THIS MARRIAGE(S)?:

MALE PETITIONER: ☐ YES ☐ NO FEMALE PETITIONER: ☐ YES ☐ NO

IF THERE ARE CHILDREN BORN PREVIOUSLY, PLEASE LIST THEIR NAMES, AGES AND WHO IS SUPPORTING THEM:


**WOMAN PETITIONER**

PLACE OF BIRTH		BIRTHDATE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
EDUCATION: (LAST GRADE COMPLETED, NAME OF SCHOOL)		ETHNICITY	RACE	RELIGION		
OCCUPATION		NAME AND ADDRESS OF EMPLOYER				
LENGTH OF EMPLOYMENT	MONTHLY SALARY OR WAGE					
MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF SERVICE:	DATE OF DISCHARGE: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable				
SOCIAL SECURITY NUMBER — — —		DRIVER LICENSE NUMBER				

RELATIVES' NAMES	ADDRESS	EDUCATION	OCCUPATION	AGE	HEALTH	DATE OF DEATH
FATHER						
MOTHER						
SIBLINGS						

**MAN PETITIONER**

PLACE OF BIRTH		BIRTHDATE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
EDUCATION: (LAST GRADE COMPLETED, NAME OF SCHOOL)		ETHNICITY	RACE	RELIGION		
OCCUPATION		NAME AND ADDRESS OF EMPLOYER				
LENGTH OF EMPLOYMENT	MONTHLY SALARY OR WAGE					
MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF SERVICE:	DATE OF DISCHARGE: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable				
SOCIAL SECURITY NUMBER — — —		DRIVER LICENSE NUMBER				

RELATIVES' NAMES	ADDRESS	EDUCATION	OCCUPATION	AGE	HEALTH	DATE OF DEATH
FATHER						
MOTHER						
SIBLINGS						

ARE YOU A UNITED STATES CITIZEN?

MALE PETITIONER: ☐ YES ☐ NO FEMALE PETITIONER: ☐ YES ☐ NO

If naturalized or not a United States citizen please provide the following information:

	DATE OF ARRIVAL			IF NATURALIZED		NUMBER OF NATURALIZATION CERTIFICATE	IF NOT NATURALIZED
	IN U.S.	IN STATE	IN THIS COUNTY	DATE	PLACE		ALIEN REGISTRATION NUMBER
MAN							A-
WOMAN							A-

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION OR INVESTIGATED FOR KNOWN OR SUSPECTED CHILD ABUSE?

MALE PETITIONER: ☐ YES ☐ NO FEMALE PETITIONER: ☐ YES ☐ NO IF YES, PLEASE EXPLAIN THE CHARGES AND ANY CONVICTIONS:

II. CHILDREN OF PETITIONER(S)						
CHILD'S FULL NAME	DATE OF BIRTH	PLACE OF BIRTH		EDUCATION		IF ADOPTED PLACE, DATE, AGENCY
		CITY	STATE OR COUNTRY	NAME AND ADDRESS OF SCHOOL AND GRADE		

III. OTHER MEMBERS OF THE HOUSEHOLD					
NAME		SEX	AGE	RELATIONSHIP TO FAMILY	OCCUPATION

NAME AND ADDRESS OF FAMILY PHYSICIAN

NAME AND ADDRESS OF PEDIATRICIAN

DESCRIBE YOUR HOME: (INCLUDE NUMBER OF BEDROOMS & BATHROOMS)

DIRECTIONS TO YOUR HOME:

IV. BIRTHPARENT INFORMATION			
FEMALE BIRTHPARENT		MALE BIRTHPARENT	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST,FIRST, MIDDLE)	
MAIDEN NAME OR ALIASES		ALIASES	
ETHNICITY, RACE	BIRTHDATE	ETHNICITY, RACE	BIRTHDATE
BIRTHPARENT'S ADDRESS		BIRTHPARENT'S ADDRESS	
BIRTHPARENT'S PHONE		BIRTHPARENT'S PHONE	

[illegible]

VI. EXPENSES RELATED TO ADOPTION				
HOSPITAL	PHYSICIAN	ATTORNEY	BIRTHPARENT	OTHER

IF YES, WHEN AND WHERE:

VII. CONCERNING CHILD(REN) TO BE ADOPTED							
CHILD #1				CHILD #2			
NAME OF CHILD				NAME OF CHILD			
BIRTHDATE		PLACE OF BIRTH		BIRTHDATE		PLACE OF BIRTH	
NAME OF HOSPITAL BORN IN				NAME OF HOSPITAL BORN IN			
ADDRESS OF HOSPITAL				ADDRESS OF HOSPITAL			
ATTENDING PHYSICIAN				ATTENDING PHYSICIAN			
SEX OF CHILD		DATE PLACED IN HOME		SEX OF CHILD		DATE PLACED IN HOME	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR

HAS THE CHILD EVER BEEN KNOWN BY ANOTHER NAME?

**CHILD #1**

☐

YES

☐

NO - IF YES, INDICATE NAME

**CHILD #2**

☐

YES

☐

NO - IF YES, INDICATE NAME

DESCRIBE CURRENT AND FUTURE PLANNED CHILD CARE ARRANGEMENTS:

SCHOOL INFORMATION; IF CHILD(REN) TO BE ADOPTED ATTENDS SCHOOL, PLEASE LIST THE FOLLOWING:

CHILD #1		CHILD #2	
NAME OF SCHOOL		NAME OF SCHOOL	
SCHOOL ADDRESS		SCHOOL ADDRESS	
SCHOOL PHONE		SCHOOL PHONE	
TEACHER'S NAME		TEACHER'S NAME	
GRADE LEVEL	REGISTERED NAME	GRADE LEVEL	REGISTERED NAME

WHAT ARE YOUR PLANS FOR THE RELIGIOUS TRAINING OF THE CHILD(REN)?

COMPLETE THE FOLLOWING IF ADOPTING AN INFANT:

CHILD'S CURRENT AGE \_\_\_\_\_ CHILD'S CURRENT WEIGHT \_\_\_\_\_

DO YOU BELIEVE OR SUSPECT THAT YOUR CHILD WAS EXPOSED TO SIGNIFICANT AMOUNTS OF ALCOHOL OR DRUGS IN UTERO? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE DETAILS:

BRIEFLY DESCRIBE THE ADJUSTMENT OF YOUR CHILD(REN) TO YOUR HOME:

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**VIII. FINANCIAL INFORMATION**

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**MONTHLY INCOME****GROSS WAGES**

Male Petitioner..... \$ \_\_\_\_\_

Female Petitioner ..... \$ \_\_\_\_\_

**NET WAGES** (after mandatory and other deductions)

Male Petitioner ..... \$ \_\_\_\_\_

Female Petitioner ..... \$ \_\_\_\_\_

**OTHER INCOME** (interest, property, dividends, etc) ..... \$ \_\_\_\_\_

TOTAL GROSS INCOME ..... \$ \_\_\_\_\_

**MONTHLY EXPENSES**

Housing (include taxes, insurance &amp; utilities) ..... \$ \_\_\_\_\_

Insurance ..... \$ \_\_\_\_\_

Food/Clothing ..... \$ \_\_\_\_\_

Legal Obligations (child support, alimony, etc.) ..... \$ \_\_\_\_\_

Extraordinary Expenses ..... \$ \_\_\_\_\_

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**MONTHLY CONSUMER DEBT PAYMENTS**

ITEM	TERMINATION DATE	BALANCE DUE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

If you own your home, please indicate the following:

Purchase Price..... \$ \_\_\_\_\_

Balance Due .....\$ \_\_\_\_\_

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**FINANCIAL ASSETS**

Savings ..... \$ \_\_\_\_\_

Investments .....\$ \_\_\_\_\_

Stocks, Bonds ..... \$ \_\_\_\_\_

Real Property .....\$ \_\_\_\_\_

Other Resources..... \$ \_\_\_\_\_

If you are self employed or an employer cannot verify your income for some other reason, please attach a copy of your last years federal income tax return.

I/We filed both state and federal income tax returns last year.

☐ YES ☐ NO If NO, state reason: \_\_\_\_\_

I/We have had the occasion to file for bankruptcy.

☐ YES ☐ NO If YES, state reason: \_\_\_\_\_

#### IX. INSURANCE

Does your family have health and hospitalization insurance that covers all family members? ..... ☐ YES ☐ NO

If YES, indicate the name of insurance carrier and address: \_\_\_\_\_

When will the child(ren) placed with the family be covered?

☐ At the time of placement ☐ When adoption is finalized

Check each of the following kinds of insurance coverage your family has. Briefly describe the coverage of each policy.

☐ Life Insurance: \_\_\_\_\_

☐ Disability Insurance: \_\_\_\_\_

☐ Automobile Insurance: \_\_\_\_\_

☐ Renters/Home owners Insurance: \_\_\_\_\_

☐ Other Policies: \_\_\_\_\_

**\*NOTE:** California law (Section 1373(c) of the Health and Safety Code, and Sections 10119, 10112, and 11512.1 of the Insurance Code) requires that effective January 1, 1988, all health care service plans provide accident and sickness coverage to each minor child placed for adoption from and after the moment the child is placed in the physical custody of the covered subscriber or enrollee for adoption.

PLEASE USE THIS SPACE TO NOTE ANY ADDITIONAL FINANCIAL INFORMATION THAT YOU BELIEVE THE DEPARTMENT SHOULD BE AWARE OF.

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## X. ENVIRONMENTAL SAFETY

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The following is a list of safety issues and practices. Please check each issue that applies or practice that you are following in your home.

- ☐ All medications are locked up or stored in a manner to prevent access by children.
- ☐ In our automobile(s), safety belts and approved infant and child seats and restraints are used in accordance with state law.
- ☐ Operational smoke detectors are used in bedroom areas and in areas that pose a fire risk.
- ☐ A charged general purpose fire extinguisher is on hand for emergency use.
- ☐ Cleaning supplies, pesticides and other toxic substances are not kept in food storage areas and are inaccessible to young children.
- ☐ All hot surfaces, such as wood stoves or fireplace inserts, have been made inaccessible to children with screening or other protective barriers.
- ☐ We have an adequate septic and sewage disposal system.
- ☐ Electrical outlets and sockets are covered or equipped with protective devices to prevent electrical shock.
- ☐ Electrical wiring is enclosed.
- ☐ Bunkbeds are not used for children under five.
- ☐ The temperature of the hot water heater is maintained between 105 - 120 degrees fahrenheit.
- ☐ Our family has and all family members are familiar with a fire evacuation plan.
- ☐ Our pets are free of disease and pose no physical or health risk to children.
- ☐ A first aid kit is in our home.
- ☐ A first aid kit is in our car(s).
- ☐ Adults in the home have taken a class in cardio-pulmonary resuscitation.
- ☐ We have guns in our home.
- ☐ All guns and ammunition are locked up and guns are unloaded with the firing pins removed.
- ☐ We have a swimming pool/hot tub/spa.
- ☐ The swimming pool/hot tub/spa has either a five foot fence constructed so that it does not obscure the pool /hot tub/spa from view around it with a self latching gate or an approved pool /hot tub/spa cover.
- ☐ We have stairways inside our home.
- ☐ All stairways have a protective barrier or other device to prevent infants or small children from injuries on stairways.
- ☐ We have a well.
- ☐ Our well has been certified free of impurities by the health department or a licensed water inspection company.



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**XI. REFERENCES**

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Please give names and addresses of four references who are not related. It is suggested that at least one be a business associate other than an employer, and at least two friends (preferably with children), who have knowledge of your home life and standing in the community. Your attorney or physician may not be given as a reference.

FULL NAME	OCCUPATION	MAILING ADDRESS					
		NUMBER	STREET	CITY	STATE	ZIP	PHONE

I/WE AFFIRM THAT THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT IT WILL BE SUBJECT TO VERIFICATION BY THE REPRESENTATIVE OF THE DEPARTMENT OF SOCIAL SERVICES. I/WE UNDERSTAND THAT THE STATE DEPARTMENT OF SOCIAL SERVICES HAS THE AUTHORITY AND RESPONSIBILITY TO PROVIDE INFORMATION TO THE CONSENTING BIRTHPARENTS IN THIS ADOPTION REGARDING MY/OUR SUITABILITY TO PARENT A CHILD AND THE ADJUSTMENT OF THE CHILD IN MY/OUR HOME. I/WE FURTHER AUTHORIZE THE DEPARTMENT OF SOCIAL SERVICES TO OBTAIN ANY INFORMATION FROM ANY PUBLIC OR/AND PRIVATE AGENCY, IF NECESSARY FOR THIS ADOPTION PROCEEDING.

SIGNATURE (WOMAN PETITIONER)	DATE
SIGNATURE (MAN PETITIONER)	DATE

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